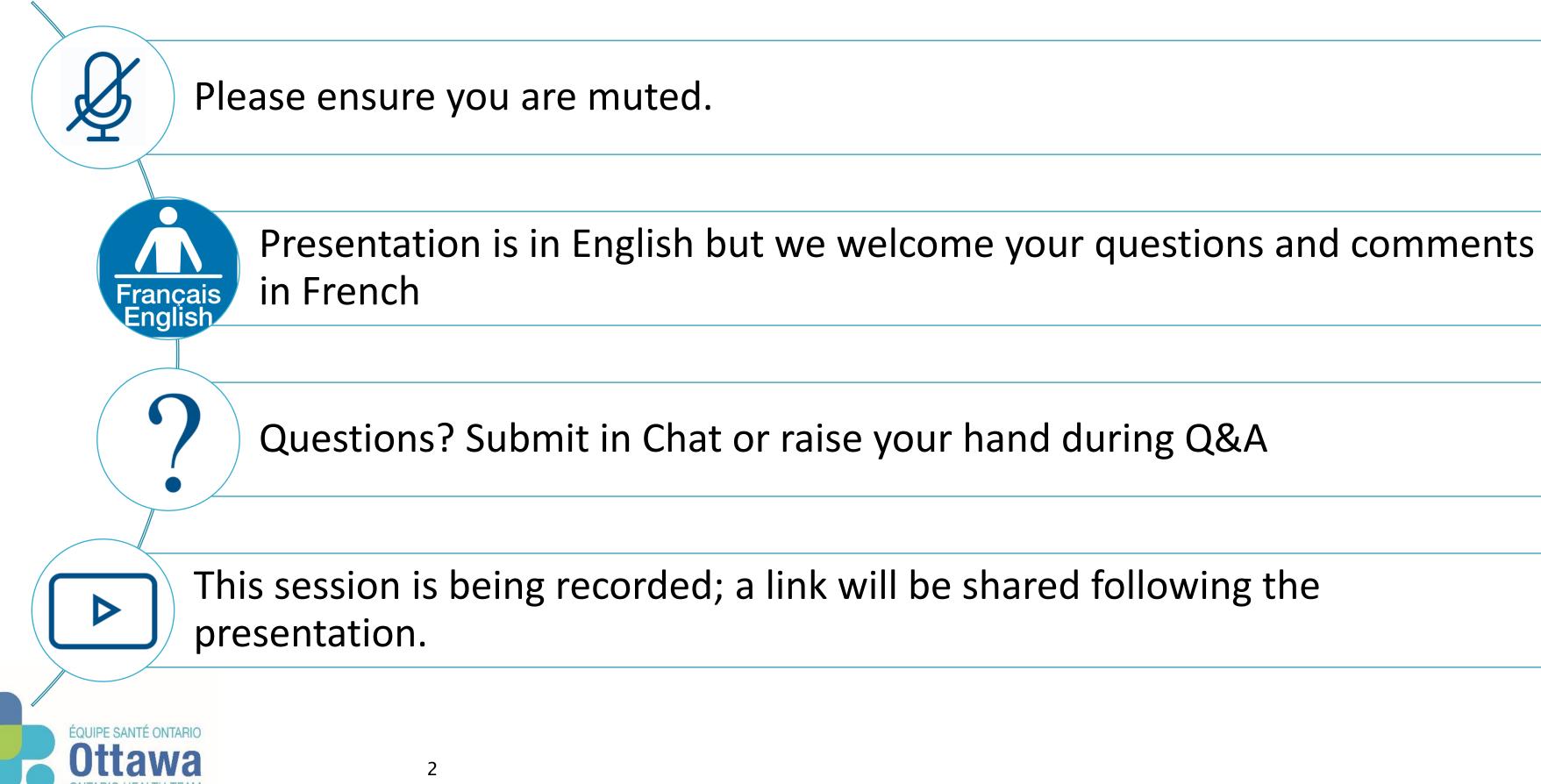
Targeted Interprofessional Primary Care Team Expansion in the Ottawa OHT-ÉSO

Session One – April 16, 2025







Moderators

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Today's Objectives

- **Share information** on the Interprofessional Primary Care Team Expansion targeted call for proposals
- Leverage our collective knowledge, strength, experience and commitment to coordinate a community response to support the development of five (5) strong submissions for the targeted call for proposals

Q & A

GOAL for today: Position ourselves to successfully secure funding for Round One of the targeted expansion of interprofessional primary care teams in Ottawa to increase our capacity to provide quality interprofessional primary care to all.



A few things to keep in mind

- □ This is Round One with clear priorities set by government
- Focus on Population Health Needs not the needs of any one clinic/ organization
- Will be opportunities for strategic planning for longer term strategy on more mindful identification of need and how to address for future rounds
- Opportunity to come together and be unified and deliberate in our approach
- □ Recognize the focus on Health Care Connect is fraught with challenges



War unique challenging position

t by government

Ontario's Primary Care Action Plan

Ontario is investing over **\$1.8 billion** to connect ever person in Ontario to primary care.

Connecting you to a primary care team

- Create and expand **305** additional teams to attach approximately 2 million people to primary care.
 - Invest more than \$235 million in 2025-26 to establish and expand 80 additional primary care teams across the province, attaching 300,000 more people to primary care this year.
- Establish standards for what every Ontarian can expect when accessing primary care services.
- Provide regular public updates on progress and performance in achieving the Primary Care Team's mandate.



- Modernize Health Care Connect to improve the user and provider experience, with the goal of establishing a wait time target of no more than 12 months.
- Attach everyone (as of January 1, 2025) on the Health Care Connect waitlist to a primary care team by Spring 2026.
- Enhance digital tools for providers and patients, improving patient navigation, reducing administrative burden and improving the referral process.
- Leverage Health811 to view online health records, book an appointment with their primary care provider, and discover care options.
- Set regular performance indicators of primary care teams.



- Introduce targeted strategies to **recruit** and retain the workforce needed to support primary care providers and teams, including family doctors, nurse practitioners and other allied health professionals.
- Address administrative burden with digital tools, targeted recruitment and retention strategies for northern and rural communities and ensure all of Ontario's highly qualified health care professionals can work to their full scope of practice.
- Add and expand community-based primary care teaching clinics in collaboration with academic institutions and other partners.



Implementation Timelines

CLOSING THE GAP



2 million more people will be newly attached to primary care by 2029.

	25/26	26/27	27/28	28/29	Total
New people attached	300,000	+500,000	+600,000	+600,000	2,000,000
New primary care teams added	76	+73	+78	+78	305

Regular public reporting on milestones and key performance indicators

Ongoing stakeholder collaboration and feedback to inform implementation





How is this EOI different than last one?

Not an open call

Targeting FSAs with highest levels of unattachment

Limited number of proposals to be submitted

Round One of multiple rounds of funding roll outs

Role of OHTs/ PCNs

Transparent Process



Roles and Responsibilities

Role of Ottawa OHT-ESO and our Primary Care Network:

- Lead local work to help primary care professionals (like family physicians and nurse practitioners) identify and address attachment gaps within their communities.
- This includes coordinating and submitting plans to connect more people to regular primary care over time.



Roles and Responsibilities con't

Responsibilities of Ottawa OHT-ESO and our Primary Care Network: Communications & Proposal Development

- Share updates, answer questions, and support the creation of proposals
- Support development and finalization of proposals that clearly articulate a tangible plan to attach the highest possible proportion of unattached people (including access to data)
- Collaborate with PCN clinical leads, Ontario Health regional contacts and other OHTs/PCNS where applicable

Proposal Submission

- Ensure fair and open engagement will all relevant parties
- Manage any conflicts of interests
- Submit proposals and required attestation forms to Ontario Health



Roles and Responsibilities con't

Role of Interprofessional Primary Care Teams (IPCTs), Primary Care **Practices and Clinicians:**

Submit proposals for funding through associated OHT

Responsibilities of Interprofessional Primary Care Teams (IPCTs), Primary Care Practices and Clinicians:

- Contact OHTs/PCNs to request proposed package •
- Work with OHTs/ PCNs to identify collaboration opportunities with other ulletlocal primary care practices and community organizations
- Lead the creation of proposals that support ongoing attachment in \bullet identified postal code
- Clearly articulate care model to be implemented ullet
- Develop a budget
- Seek assistance from Ontario Health regional contacts ullet
- Submit completed proposal to the OHT \bullet



ROUND ONE: Connecting 300,000 Ontarians to Primary

- ✓ 80 Teams
- 125 Eligible FSAs (postal codes)
- ✓ \$235M for RoundOne



Geographic Primary Care Attachment

New and expanded interprofessional primary care teams will work toward **ongoing attachment of 100% of people** within identified postal codes to a regular family physician, physician group or a primary care nurse practitioner. This includes attaching people on the Health Care Connect waitlist.



Targeted, Data-Driven Roll Out

There will be multiple rounds of intake and assessment to allocate the multi-year investment. The first round will be a **targeted call for proposals** focused on communities, by postal code, that have the highest number of people **not attached to a regular primary care clinician**.

Maximum 1
submission/ FSA up
to max of 5/OHT

Role for Ontario Health Teams

Ontario Health Teams and their Primary Care Networks will **support clinicians to develop their proposals and coordinate the submission of proposals** for new and expanded interprofessional primary care teams.

While collaboration will be encouraged, OHT support for Indigenous-led proposals will not be required.



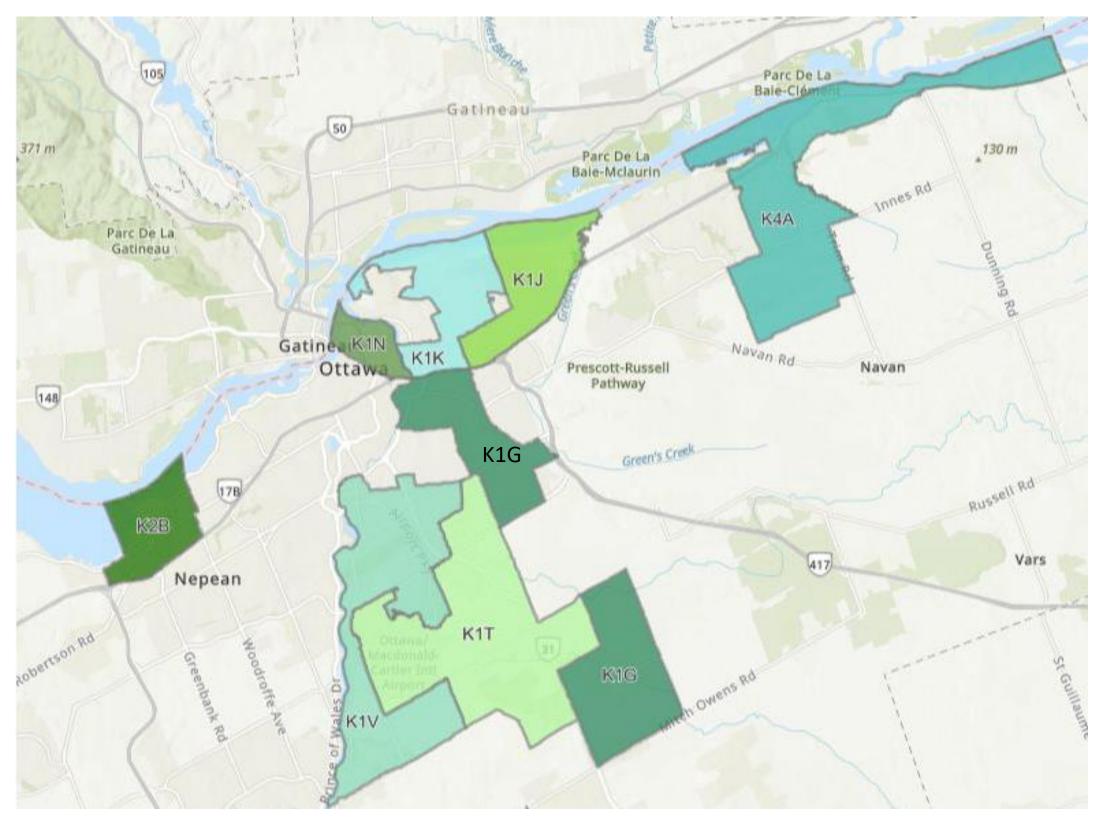
Round 1 (2025-2026): New and Expanded Primary Care Teams

What Does this Mean Specifically for Ottawa?

The following FSAs were identified for the Ottawa OHT-ESO based on their high levels of unattachment:

- K1V •
- K4A
- K2B
- K1G

- K1N
- K1T
- K1K
- K1J





Who Is Eligible to Apply? • Primary care practices and clinicians working with their OHT to provide care to people

- living in identified forward sortation areas (FSAs) do not need to be physically located in FSA
- Eligible organizations/lead agencies to receive funds are those currently funded by Ontario Health to create or expand one of the existing team-based models:
 - Family Health Teams (FHTs)
 - Community Health Centres (CHCs)
 - Nurse Practitioner Led Clinics (NPLCs)
 - Indigenous Primary Health Care Organizations (IPHCOs)
 - Primary care practices can collaborate on a single proposal one organization identified as a lead agency on behalf of partners



**While proponents of Indigenous-led proposals are encouraged to collaborate with their local OHTs, OHT and PCN support is not required to submit an Indigenous-led proposa

Interprofessional Primary Care Teams **Proposal Submission Timeline** Round 1



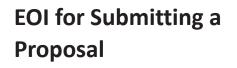
MOH Announcement

Dr. Philpott's Primary Care Action Team launches first call for proposals as part of plan to connect every person in the province to primary care by 2029.



Information Webinar

Ottawa OHT-ÉSO will host an information session highlighting PC/Clinics and supporting organizations by FSA, criteria, recommendations and timelines



Sign Up

Expressions of Intent for submitting an IPCT proposal for Round 1 through Ottawa OHT-ÉSO must submitted using this form.

Proposal Draft Submission

Completed proposals submitted to Ottawa OHT-ÉSO

April 10, 2025

April 16, 2025

April 17, 2025

April 28, 2025

<u>Approved proposals are expected to be released by Ontario Health early summer 2025</u>

Call-outs for Round 2 will be Fall 2025





Feedback and Revisions to **Proposals**

Ottawa OHT-ÉSO will provide feedback on submissions by Wednesday, April 30th. Revised proposals must be re-submitted by the following deadline:

Final Submission Deadline

Ottawa OHT-ÉSO will submit up to 5 endorsed proposals.

May 1, 2025

May 2, 2025



Proposal Criteria

Proposals must be aligned with three priorities identified by Ministry of Health and **Ontario Health:**

- **Primary Care Attachment:** prioritizing net new ongoing attachment of people who do not have a regular primary care clinician within identified postal codes, including those on Health Care Connect waitlist. Priority to proposals with a plan to attach the highest possible proportion of unattached people in their postal codes
- **Readiness to Implement:** demonstrating the ability to be operational and begin to attach people to a primary care clinician by Summer 2025. This includes demonstrating how proposed new or expanded team can leverage infrastructure, human resources and local partnerships to quickly meet the communities' attachment needs
- Meeting Primary Care Team Principles: commitment and demonstrated ability to meet the primary care principles over time



Primary Care Principles

- **1. Province Wide Attachment:** Aim to connect 100% of people within a practice's area to a regular family physician or nurse practitioner, including those on the Health Care Connect waitlist
- **2.** Connected Care: Provide comprehensive team-based care through collaboration with other allied health professionals, local Ontario Health Teams (OHTs) and community organizations
- **3. Convenient Access:** Ensure patients have timely access to in-person, virtual and after-hours primary care services
- **4. Digitally Integrated:** Equip patients and providers with digital tools to support care access and navigation
- **5. Equitable Care:** Offer culturally and linguistically responsive and safe care that meets the diverse needs of the local and underserved population(e.g. Indigenous, Francophone, Black, 2SLGBTQIA+)
- 6. Responsive Services: Use data and patient feedback to monitor performance and drive continuous quality improvement

NB: These principles will be tied to specific expectations and deliverables into funding agreements



Other Considerations

- Demonstrates interprofessional and cross sectoral collaboration
- Demonstrates an understanding of the unique needs of neighbourhood
- Addresses health equity and social determinants of health (e.g. language)
- Demonstrates clear impact on increasing access (eg extended hours, unattached patients)
- Location easily accessible for population that is unattached
- Addresses recruitment, retention, training and wellness of primary care professionals
- Feasibility and Sustainability realistic budget, implementation plan and long term sustainability



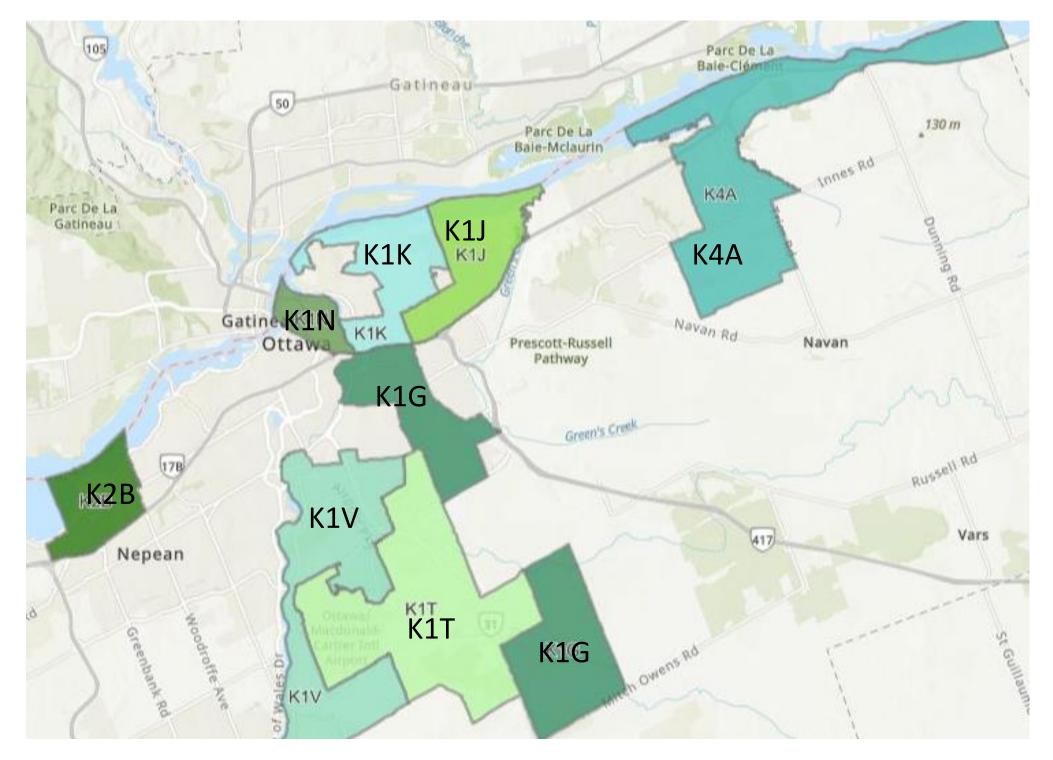
- ollaboration s of neighbourhood health (e.g. language) extended hours, unattached
- ttached ness of primary care

Data Driven Decision Making



Ottawa OHT-ESO's Priority FSA's

FSA	Total Population	# Unattached	% Unattached
K1G	38,565	7,448	19.3%
K1J	31,689	6,182	19.5%
K1K	37,578	7,728	20.6%
K1N	30,403	8,521	28%
K1T	47,992	7,123	14.8%
K1V	63,374	10,946	17.3%
K2B	36,913	7,232	19.6%
K4A	71,982	9,271	12.9%

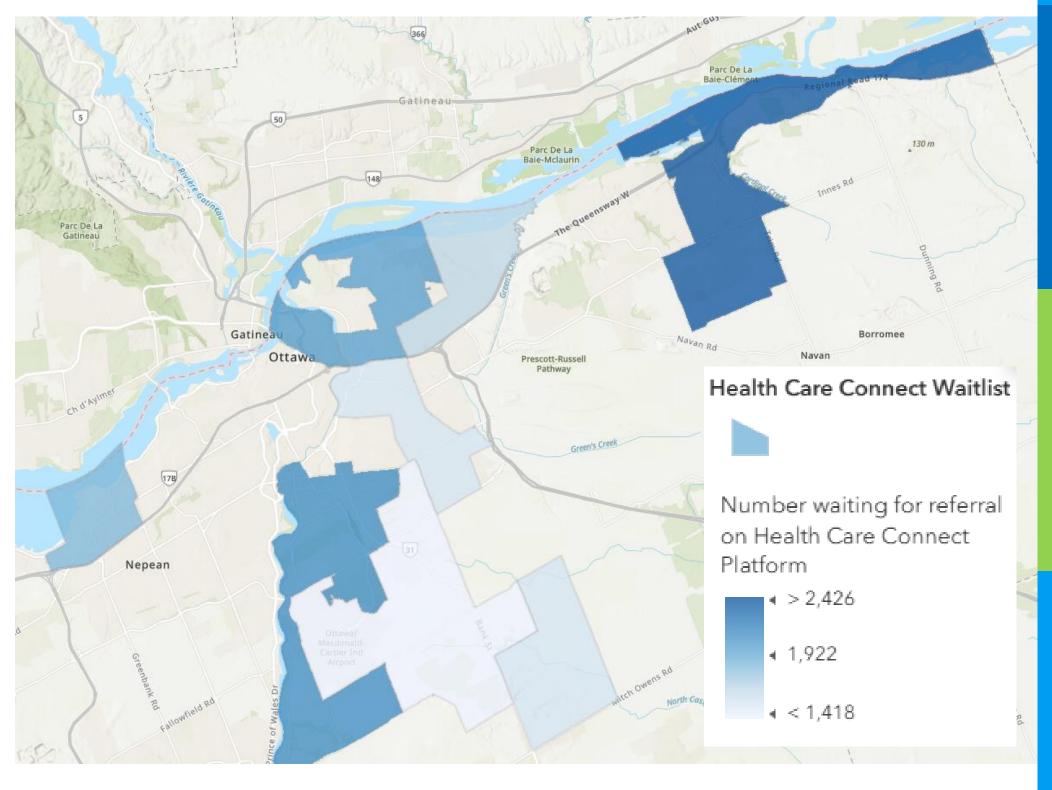




Health Care Connect Waitlist by FSA

			# waiting	# complex vulnerable HCC	3+ years	# waiting 5+ years on HCC
K1G	7,448	19.3%	1,543	63	172	16
K1J	6,182	19.5%	1,666	27	333	79
K1K	7,728	20.6%	2,012	78	341	97
K1N	8,521	28%	2,042	90	502	145
K1T						suppresse d
K11						
	,					
K2B	7,232	19.6%	1,866	77	390	87
K4A	9,271	12.9%	2,913	69	377	71

This data is recent as of January 1st, 2025.





Unattachment by ONS Geography for priority areas

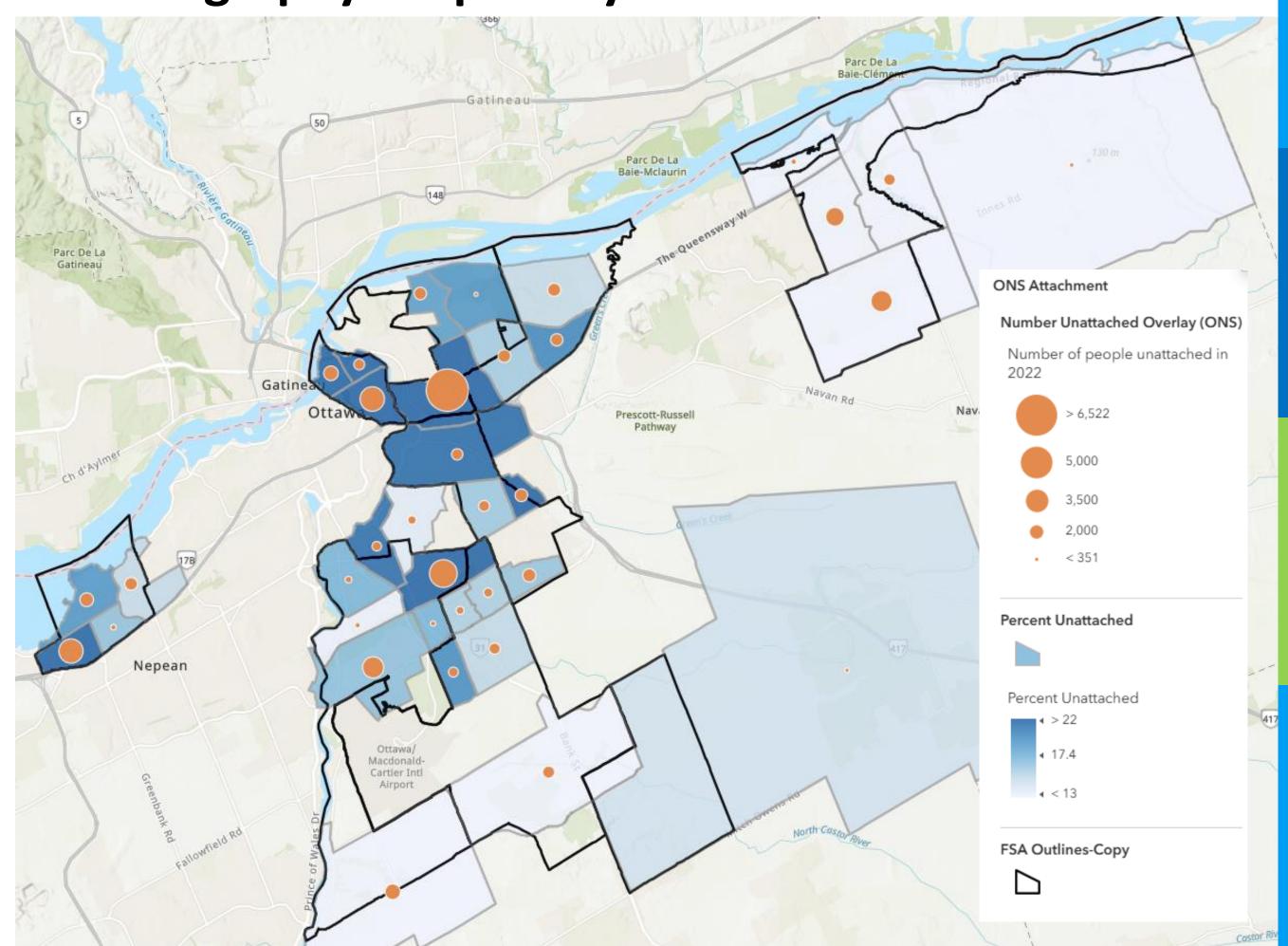
FSAs boundaries are drawn in black around the ONS neighbourhoods (shaded in blue).

Neighbourhoods are shaded by the percentage of people who are unattached (darker=higher).

Orange dots symbolize the number who are unattached (larger=higher).

This data is for 2022 from INSPIRE-PHC via the OCHPP and ONS.





SES by ONS Geography for priority areas

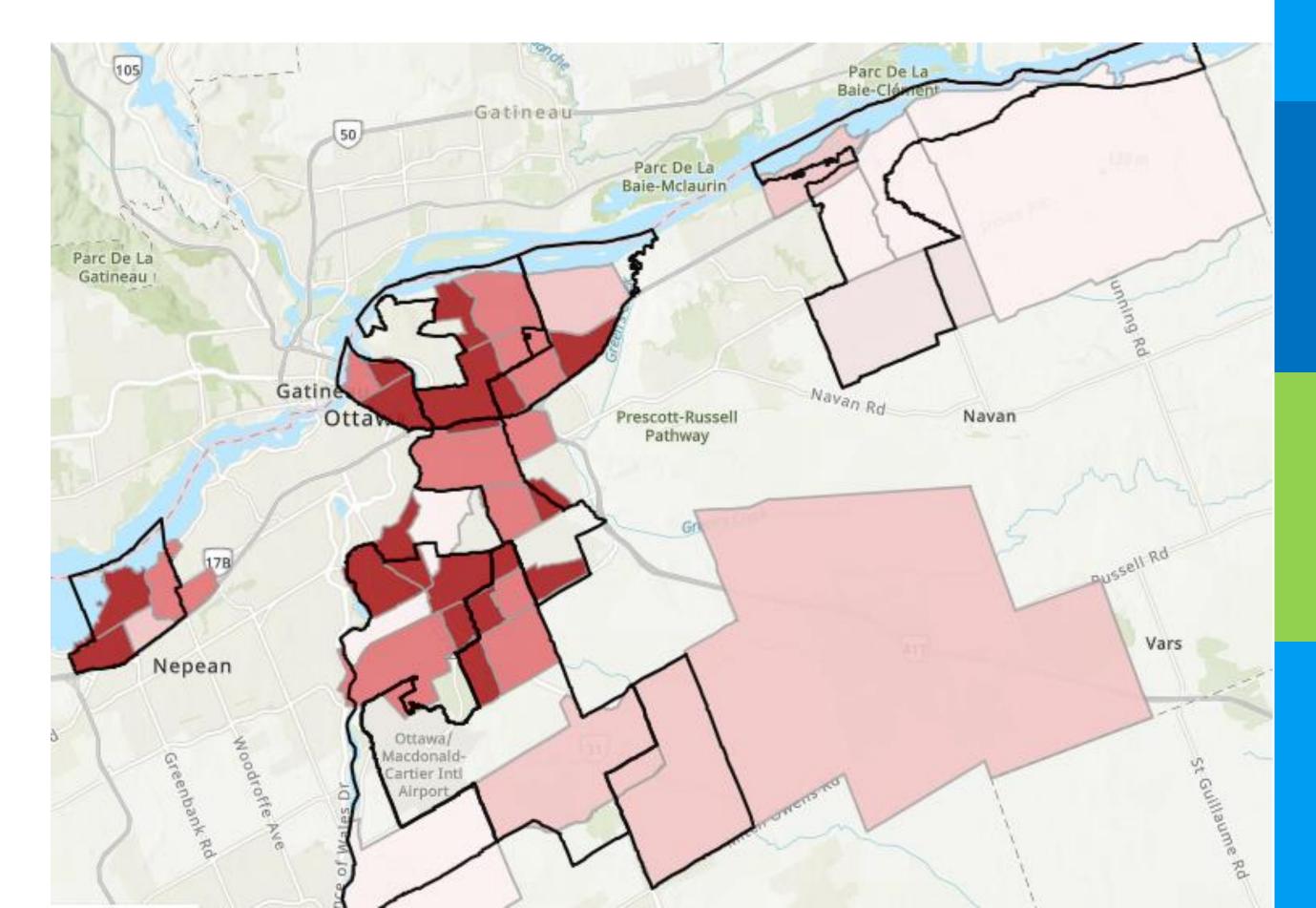
SES Quintiles are a validated measure by ONS taking into account multiple socioeconomic dimensions.

ONS's SES Quintiles are based in 2021 census data.

Socioeconomic Status Quintiles (5 is lowest)







Questions and Discussion



Things to Consider

- With additional funding, do you have capacity to attach more patients, effective summer 2025? Consider HHR, space, etc.
- Can we envision a collaborative approach to proposals for round one?
- How do you see your organization potentially participating in this proposal/ solution ?
 - Leading the development of a proposal?
 - Contributing to the development of a proposal?
 - Not at this time but interested in involvement in subsequent rounds

How can the Ottawa OHT-ÉSO be of support?



Immediate Next Steps Please complete the following form (available in ENG & FR) by End of Day

Please complete the following form (available in on Thursday April 17

Targeted Interprofessional Primary Care Team Expansion in the Ottawa OHT-ÉSO



https://forms.office.com/r/0H3qxqRx1y







Haven't yet affiliated with the Ottawa OHT-ÉSO Primary Care Network?

Simply scan this QR code!





